

PROTECTION FINANCIAL REVIEW 2017

The purpose of this Financial Review/Knowing Our Client Document is to clarify your financial needs and to help us to advise you in relation to your financial needs, objectives and requirements

Financial Needs/Objectives – please rank in order of priority (1-7)

- 1. Insurance/Protection (Life cover/Serious Illness) \_\_\_\_\_
- 2. Retirement Planning (Pensions/PRSAs) \_\_\_\_\_
- 3. Income Protection \_\_\_\_\_
- 4. Savings \_\_\_\_\_
- 5. Investment Strategy \_\_\_\_\_
- 6. Property Purchase (Mortgage Planning) \_\_\_\_\_
- 7. Other (please state) \_\_\_\_\_

Terms of Business Issued on / /

PPS Number \_\_\_\_\_ PPS Number \_\_\_\_\_

Photo ID for each life Yes/No Yes/No

Address Verification for each life Yes/No Yes/ No

Source of Contact \_\_\_\_\_

## PERSONAL DETAILS

### Self

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_

### Partner

\_\_\_\_\_

Contact Number (h)	Contact Number (h)
Contact Number (m)	Contact Number (m)
Date of Birth / /	Date of Birth / /
Occupation	Occupation
Martial Status	Martial Status
Smoker YES/NO	Smoker YES/NO
Email address	Email address
Current Health	Current Health
Known Future Changes to your Circumstances?	Known Future Changes to your Circumstances?

### Childrens Names & Ages (& other dependants if applicable)


## YOUR JOB

### Self

Are you self-employed YES/NO \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Nature of Business \_\_\_\_\_  
 Gross Income p.a. \_\_\_\_\_  
 Name & Address of Business (if applicable)  
 \_\_\_\_\_  
 No of Employees \_\_\_\_\_ Company Turnover \_\_\_\_\_ Accounting Year End \_\_\_\_\_  
 No of Directors \_\_\_\_\_ Shareholders Agreement in place YES/NO \_\_\_\_\_  
 Other Key Persons \_\_\_\_\_

### Partner

Are you self-employed YES/NO \_\_\_\_\_  
 Name of Employer \_\_\_\_\_  
 Nature of Business \_\_\_\_\_  
 Gross Income p.a. \_\_\_\_\_

## REGULAR INCOME AND OUTGOINGS

### Self

Regular Monthly Income

Salary / Wages: \_\_\_\_\_

Other Income: \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

Savings? \_\_\_\_\_

### Partner

Regular Monthly Income

Salary/Wages: \_\_\_\_\_

Other Income \_\_\_\_\_

Total Monthly Income \_\_\_\_\_

Savings? \_\_\_\_\_

### Debts and Other Financial Commitments?

Name of Institution		Name of Institution	
Total Amount Owed		Total Amount Owed	
Term Remaining		Term Remaining	
Monthly Repayment		Monthly Repayment	
Reason for Debt		Reason for Debt	
Name of Institution		Name of Institution	
Total Amount Owed		Total Amount Owed	
Term Remaining		Term Remaining	
Monthly Repayment		Monthly Repayment	
Reason for Debt		Reason for Debt	

### AGREED MONTHLY AMOUNT AFFORDABLE BY THE CLIENT AVAILABLE TO SATISFY ANY CURRENT NEEDS/REQUIREMENT

Total Income Minus Total Monthly Expenses

€ \_\_\_\_\_

The above amount has been agreed with the client as a comfortable monthly amount to be used on any protection product recommended

## EXISTING PROECTIONS PRODUCTS CURRENT IN PLACE

(Mortgage Protection, Life Cover, Serious Illness Cover

### Policy 1

Life Assured	Life Assured
Company	Company
Total Cover	Total Cover
Term	Term
Contract Type	Contract Type
Purpose of Cover	Purpose of Cover
Current Monthly Repayment	Current Monthly Repayment:

### Policy 2

Life Assured	Life Assured
Company	Company
Total Cover	Total Cover
Term	Term
Contract Type	Contract Type
Purpose of Cover	Purpose of Cover
Current Monthly Repayment	Current Monthly Repayment

### Policy 3

Life Assured	Life Assured
Company	Company
Total Cover	Total Cover
Term	Term
Contract Type	Contract Type
Purpose of Cover	Purpose of Cover
Current Monthly Repayment	Current Monthly Repayment

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MyWealthManagement Limited trading as Sheahan Financial Planning is regulated by the Central Bank of Ireland.

PROTECTION NEEDS/REQUIREMENT 2017:

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Level of Cover Required? \_\_\_\_\_

What term do you require the product for \_\_\_\_\_

Indexation Required? \_\_\_\_\_

Conversion Option Required? \_\_\_\_\_

Is there any particular insurance company you would have preference for?  
\_\_\_\_\_

Do you need to product in place immediately? \_\_\_\_\_

Any Specific Requirements of the client?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CUSTOMER DECLARATION AND SIGNATURE 2017

I/We confirm that I/We have received a copy of **(name of broker here)** Terms of Business letter and that I/We have read through and understand these terms.

I/We confirm that all the information contained in this Fact-find and supplied by me/us is accurate to the best of my/our knowledge at this time. I/we only wished to discuss our Protection needs/requirement at this time and did not wish to discuss any other financial products.

I/We confirm that if I /We do not disclose all relevant information requested on the Financial Review that **(name of broker here)** will be unable to give a full recommendation

I/We confirm that I/We have been advised to make a will (if not already made)

I/We also hereby give **(name of broker here)** permission to contact me/us by telephone, letter, email, text and or Appointment Card over the next 12 months to discuss/arrange my/our annual financial review and/or to discuss new products which **(name of broker here)** feel may be of interest to me/us.

\_\_\_\_\_  
Signature – Self

\_\_\_\_\_  
Signature – Partner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature for and on behalf of **(name of broker here)**

\_\_\_\_\_  
Date